CALIFORNIA HAZARDOUS WASTE MANIFEST Manifest 015-See reverse side for Instructions HAZARDOUS MATERIALS MANAGEMENT SECTION Please type or print clearly. Press Hard 744 P Street, Sacramento, CA 95814 GENERATOR (Generator Must Complete) (4) Alternate TSD Facility Designated TSD Facility (Authorized to operate under an SFUND RECORDS CTR approved state program or federal program) 999000949 CHEMICAL WASTE ALUMINUM CO. OF (2) Name <u>AMERICA VERNON WORKS</u> Name OPERATING INDUSTRIES INC Name MANAGEMENT C A D 0 8 0 0 1 2 0 2 4 0 0 6 4 6 1 1 7 C A D 0 7 4 1 2 6 6 8 1 IC A IT IO EPA NO. EPA NO. Phone No. 588-6141 Address 900 N. POTRERO GRANDE DR. Address P.O. BOX 1104 430 W. ELM AVE. Address 5151 ALCOA AVE. City, State, Zip COALINGA, CA. City, State, Zip VERNON, CA. City, State, Zip MONTEREY PARK, CA. 90058 U.S. DOT PROPER SHIPPING NAME HAZARD CLASS VOLUME **CONTAINERS NUMBER:** TYPE: DRUMS ☐ BAGS ☐ CARTONS WASTE ☐ TANK TRUCK
☐ DUMP TRUCK WASTE □ OTHER .(8) GENERATING PROCESS <u>ALUMINUM FARRICATION</u> (6) WASTE CATEGORY \_\_\_#7\_\_ (7) EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_\_ CONC. RANGE LIST COMPONENTS: UNITS UNITS □ % □ ppm. 100 □ % □ ppm. Non Hazardous Material (10) WASTE PROPERTIES: pH\_ ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen XI Other ALUMINUM OXIDES & WATER PHYSICAL STATE: Solid (X Liquid X Siudge ☐ Slurry ☐ Gas SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves □ Goggles ☐ Respirator Other \_\_\_\_ GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA. IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 Signature of Authorized Agent and Title TRANSPORTER (HAULER MUST COMPLETE) (14) NAME ASBURY OIL CO. CAD028277036 TIME / C O FLAM EPA NO. ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392 CITY, STATE, ZIP Gardena, California 90249 Signature of Authorized Agent and Title TSD FACILITY (FACILITY-OPERATOR MUST\_COMPLETE) QUANTITY (If Measured)\_\_\_ (21) HANDLING OR DISPOSAL METHOD: EPA NO. Landfill ☐ Surface Impoundment PHONE NO. ☐ Injection Well ☐ Land Treatment (20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND ☐ Treatment (Specify)\_ · 
Recovery or Reuse ☐ Storage/Transfer IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED #SD/FACILIT (22) NAME EPA NO. Studeture of Authorized Agent and Title

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